

UNITED STATES DISTRICT COURT
Western District of New York

Francis M. Amas

Write the full name of each plaintiff.

No. **23 CV 6340**

(To be filled out by Clerk's Office)



-against-

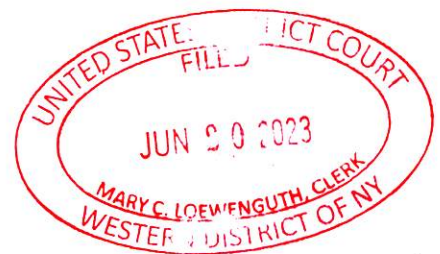
(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

LAKEVIEW CORRECTIONAL FACILITY
C.O.S. RICE
C.O.S. DONNELL

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Francis M. ARIAS
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

LAKEVIEW Shock INCARCERATION
Current Place of Detention

P.O. BOX T
Institutional Address

BROCTON new york 14716-0679
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

① Defendant 1: C.O.S Rice
 First Name Last Name Shield #
C.O. (correctional Officer) in Lakeriew Shock Incarceration Correctional Facility.
 Current Job Title (or other identifying information)
Lakeriew Shock Incarceration Corr. Fac. P.O. Box T
 Current Work Address
Brooklyn New York 14716-0679
 County, City State Zip Code

② Defendant 2: C.O.S Donnell
 First Name Last Name Shield #
Correctional Officer in Lakeriew Shock Incarceration Correctional Facility.
 Current Job Title (or other identifying information)
Lakeriew Shock Incarceration Corr. Fac. P.O. Box T
 Current Work Address
Brooklyn New York 14716-0679
 County, City State Zip Code

Good to process

GOOD TO VALID

Defendant 3:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 4:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: F2 Dorm in Lakeview Shuck Incarceration Corr. Fac.Date(s) of occurrence: April 28, 2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On This Day April 28 2023 Officer Rice was working overnight shift. There had been repeated incidents which to me would only be seen as harassment, as he always continued to reprimand me for doing anything including using the restroom in the middle of the night as I would often have to due to my diabetes. As soon as he came into the dorm to begin his shift which started at 12:00 am he was in my cube by 12:13 am. I woke up because I felt something touch me on my knee. I looked & ~~thank~~ Officer Rice was standing over me with his flashlight in his hand aimed at my face within inches from my body. At 5:30 am The drill instructor woke up the platoon as usual. I woke up disappointed, stressed & frustrated. I started putting on my P.T. gear holding my urine back because of fear of being reprimanded. With the accumulated stress I looked out at Officer & expressed to him That I was tired of being his target. He then asked me to step out of the Squad bay/dorm to talk to him. I complied. He asked me to put my hands on the wall, I complied. He then asked the Drill Instructor on duty that morning Officer Sikorski, if "Everything was clear?" He came back out & I ~~was~~ still had my hands on the wall. Without making any sudden moves he grabbed my wrist, twisted my arm slammed me on the floor, breaking my elbow & causing injury to my left testicle, which is

~~I am requesting for a medical examination to be performed on my left testicle and elbow. I am also requesting for a copy of the incident report to be provided to me. I am also requesting for a copy of the incident report to be provided to me. I am also requesting for a copy of the incident report to be provided to me.~~

still inflamed to this day. I am still awaiting surgery for my elbow. He also pepper sprayed me while being in restraints (handcuffs). I've been suffering these pains to this day waiting to receive proper medical attention from an outside hospital. I was also sent to solitary confinement for 14 days with my injuries.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Broken/Fractured Elbow (left) - for this I was given naproxen.

Inflamed Testicle (left) - for this I was given Levacetrin.

AND MENTAL HEALTH ISSUES

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

~~I~~ Firstly I want my rights as a human being to be recognized & for Officer Rice to be reprimanded for his behavior so that no one has to go through this again. Due to his behavior I lost my program & opportunity to go home early. Costing me 15 months of ~~more~~ incarceration, as well as extreme pain & suffering ~~for~~ with my injuries for which I've received no professional attention for over 45 days. Trauma, PTSD. For all these reasons I seek for ~~the court to award~~ \$1,000,000 in damages.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/15/2023
Dated

Francis Arias
Plaintiff's Signature

Francis NI Arias
First Name Middle Initial Last Name

Lakeria W. Shuck Incarceration Corr. Fac. P.O. Box 4
Prison Address

Brechen NI 14716-0679
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 6/15/23

LAKEVIEW SHOCK INCARCERATION CORR. FAC.

P.O. BOX 1

BROCTON, NEW YORK 14716-0679

NAME: James Harris DIN: 22B4891

yes ac mail

Lakeview

neopost

06/16/2023

US POSTAGE \$000.84⁰

FACE VALUE



ZIP 14716
041L11251095

Western District
U.S. District Court
Western District of New York
2 Niagara Square
Buffalo, NY 14202-3328

1420233050 0090



NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
INCARCERATED INDIVIDUAL CORRESPONDENCE PROGRAM

NAME: Frave's. ADAS DIN: 22B4891

Legal Mail